

# 2010 – 2011 Registration Information

This brochure contains all of the information and materials needed for program registration. Please read the following instructions thoroughly before completing the registration form. A new registration form must be completed each new school year for each child.

- > Participation in a previous year's program does not guarantee a space in programs for the upcoming year. Registration forms will be processed on a first come, first serve basis beginning on March 1, 2010, EXCEPT for weekly Track-Out registration. We will not begin processing weekly Track-Out registrations until April 12, 2010.
- > Allow time for confirmations to be mailed out and understand that no confirmation of registration will be given at time of drop-off.

Please make sure that your registration forms are fully completed so that we can provide prompt and accurate processing of your request.

## Program Questions

Please call the phone numbers listed with the program descriptions for questions about that specific program. General school based programming questions can be answered by the Youth Programs Office at 831-6165 or email [youth.programs@ci.raleigh.nc.us](mailto:youth.programs@ci.raleigh.nc.us)

## Registration questions

Registration for all school based programs is handled by the Recreation Business Office. Please call the Recreation Business Office at 996-4800, select option 1 for School Based Program Registration or email [Rbo.registration@ci.raleigh.nc.us](mailto:Rbo.registration@ci.raleigh.nc.us)

- > Registration for Traditional and Year Round Y.E.S. Days and Specialty Programs will be accepted by the program location as well.

## Registration After Programming Starts

Completed registration and payment or deposit must be received by the Recreation Business Office one week prior to start date.

## Registration Form Submission

The Recreation Business Office will accept completed registration materials by drop off or mail-in. Fax or electronic copies are not permitted.

### Drop-Off Registration

Drop off registration is preferred at the Recreation Business Office, located at 105 Pullen Road, Pullen Arts Center, Raleigh, NC, 27607.

Registration forms will be accepted beginning March 1, 2010. Registration forms will be processed on a **first come, first serve basis**. Full payment (required for all registrations that cost less than \$400) or a minimum \$25 non-refundable deposit per participant, plus payment plan authorization or appointment with a business associate is required with completed registration forms. If you choose to drop off completed registration forms at one of our other program locations **YOU MUST SEAL YOUR FORMS AND PAYMENT** in an envelope addressed to the Recreation Business Office/School Based Programs Registration. For quality control, registrations will only be processed by the Recreation Business Office. Program locations are listed on page 20. Please call locations for hours of operation.

### Mail-In Registration

Mail-in registrations should be postmarked no earlier than March 1, 2010. Registrations will be processed by the postmark date. Registrations received with a postmark earlier than March 1, 2010 will be processed beginning March 8, 2010. Please include a full payment (required on registrations that cost \$400 or less) or a \$25 minimum non-refundable deposit per participant, plus a payment plan authorization or appointment with a business associate is required with completed registration forms.

**Mailing Address:** Raleigh Parks and Recreation Department  
Attention: Recreation Business Office – School Based Programs  
Pullen Arts Center  
105 Pullen Road  
Raleigh, NC 27607

# 2010 – 2011 Registration Part 1 - Program Selection

Please complete a separate registration for each child.

**Main Contact Name** \_\_\_\_\_

**Youth Name** \_\_\_\_\_

**City of Raleigh Resident?** ☐ Yes ☐ No

**My Child Attends: (select one)**

☐ Traditional School Calendar – School Name: \_\_\_\_\_

☐ Year Round School Calendar - School Name and Track #: \_\_\_\_\_

☐ Modified School Calendar – School Name: \_\_\_\_\_

☐ Home School

You may select the following package programs and indicate a location selected (check all programs that apply)

☐ **After School X-Press** ☐ \$1,460 (resident) ☐ \$1,580 (non-resident) Page #3  
Program Location \_\_\_\_\_

☐ **Before School X-Press** ☐ \$580 (resident) ☐ \$700 (non-resident) Page #2  
Program Location \_\_\_\_\_

☐ **Track Out X-Press** ☐ \$1,400 (resident) ☐ \$1,520 (non-resident) Page #4-5 ☐ Weekly registration\*  
Program Location \_\_\_\_\_

\* IF YOU PREFER to select only specific weeks of Track-Out programming please complete Track-Out Weekly Registration section.

**Y.E.S.** Page #8

☐ Y.E.S. Day Program **Traditional School Calendar**

Location \_\_\_\_\_

\_\_\_\_\_ Days x \$25 a day = \$ \_\_\_\_\_

Dates: \_\_\_\_\_

☐ Y.E.S. Day Program **Year Round School**

Location \_\_\_\_\_

\_\_\_\_\_ Days x \$30 a day = \$ \_\_\_\_\_

Dates: \_\_\_\_\_

**Middle School** Page #9

☐ Middle School Mania Single Program Days

Location \_\_\_\_\_

Cost = \$ \_\_\_\_\_

Dates: \_\_\_\_\_

☐ Middle School Afterschool

Location \_\_\_\_\_

Cost = \$ \_\_\_\_\_

Dates: \_\_\_\_\_

**Total Cost** \$ \_\_\_\_\_

*Continued next page.*

**OFFICE USE ONLY:**

Deposit \$ \_\_\_\_\_ Site \_\_\_\_\_

Receipt # \_\_\_\_\_ Staff Name \_\_\_\_\_

# 2010 – 2011 Registration Part 1 *continued*

## Track Out Weekly Registration

Select all weeks that you wish for your child to attend the Track Out Program on a weekly basis. PLEASE MARK YOUR SELECTIONS CLEARLY. Weekly Track Out X-Press registration will begin April 12, 2010. Registration deadlines are the close of business one week prior to the Track Out week start date.

Track 1	Track 2	Track 3	Track 4
<b>BREAK 1</b>	<b>BREAK 1</b>	<b>BREAK 1</b>	<b>BREAK 1</b>
<input type="radio"/> 9/13 – 9/17/2010 \$150	<input type="radio"/> 8/23 – 8/27/2010 \$150	<input type="radio"/> 8/2 – 8/6/2010 \$150	<input type="radio"/> 7/9/2010 \$30
<input type="radio"/> 9/20 – 9/24/2010 \$150	<input type="radio"/> 8/30 – 9/3/2010 \$150	<input type="radio"/> 8/9 – 8/13/2010 \$150	<input type="radio"/> 7/12 – 7/16/2010 \$150
<input type="radio"/> 9/27 – 10/1/2010 \$150	<input type="radio"/> 9/7 – 9/10/2010 \$120	<input type="radio"/> 8/16 – 8/20/2010 \$150	<input type="radio"/> 7/19 – 7/23/2010 \$150
			<input type="radio"/> 7/26 – 7/30/2010 \$150
<b>BREAK 2</b>	<b>BREAK 2</b>	<b>BREAK 2</b>	<b>BREAK 2</b>
<input type="radio"/> 12/6 – 12/10/2010 \$150	<input type="radio"/> 11/15 – 11/19/2010 \$150	<input type="radio"/> 10/25 – 10/29/2010 \$150	<input type="radio"/> 10/4 – 10/8/2010 \$150
<input type="radio"/> 12/13 – 12/17/2010 \$150	<input type="radio"/> 11/22 – 11/24/2010 \$90	<input type="radio"/> 11/1 – 11/5/2010 \$150	<input type="radio"/> 10/11 – 10/15/2010 \$150
<input type="radio"/> 12/20 – 12/21/2010 \$60	<input type="radio"/> 11/29 – 12/3/2010 \$150	<input type="radio"/> 11/8 – 11/12/2010 \$120 (no program 11/11)	<input type="radio"/> 10/18 – 10/22/2010 \$150
<b>BREAK 3</b>	<b>BREAK 3</b>	<b>BREAK 3</b>	<b>BREAK 3</b>
<input type="radio"/> 3/8 – 3/11/2011 \$120	<input type="radio"/> 2/14 – 2/18/2011 \$150	<input type="radio"/> 1/24 – 1/28/2011 \$150	<input type="radio"/> 1/3 – 1/7/2011 \$150
<input type="radio"/> 3/14 – 3/18/2011 \$150	<input type="radio"/> 2/21 – 2/25/2011 \$150	<input type="radio"/> 1/31 – 2/4/2011 \$150	<input type="radio"/> 1/10 – 1/14/2011 \$150
<input type="radio"/> 3/21 – 3/25/2011 \$150	<input type="radio"/> 2/28 – 3/4/2011 \$150	<input type="radio"/> 2/7 – 2/11/2011 \$150	<input type="radio"/> 1/18 – 1/21/2011 \$120
<input type="radio"/> 3/28 – 4/1/2011 \$150	<input type="radio"/> 3/7/2011 \$30		
<input type="radio"/> 4/4/2011 \$30		<b>BREAK 4</b>	<b>BREAK 4</b>
<b>BREAK 4</b>	<b>BREAK 4</b>	<input type="radio"/> 4/26 – 4/29/2011 \$120	<input type="radio"/> 4/5 – 4/8/2011 \$120
<input type="radio"/> 6/13 – 6/17/2011 \$150	<input type="radio"/> 5/18 – 5/20/2011 \$90	<input type="radio"/> 5/2 – 5/6/2011 \$150	<input type="radio"/> 4/11 – 4/15/2011 \$150
<input type="radio"/> 6/20 – 6/24/2011 \$150	<input type="radio"/> 5/23 – 5/27/2011 \$150	<input type="radio"/> 5/9 – 5/13/2011 \$150	<input type="radio"/> 4/18 – 4/21/2011 \$120
<input type="radio"/> 6/27 – 6/30/2011 \$120	<input type="radio"/> 5/31 – 6/3/2011 \$120	<input type="radio"/> 5/16 – 5/17/2011 \$60	<input type="radio"/> 4/25/2011 \$30
	<input type="radio"/> 6/6 – 6/10/2011 \$150		
<b>Subtotal of Track 1</b> \$_____	<b>Subtotal of Track 2</b> \$_____	<b>Subtotal of Track 3</b> \$_____	<b>Subtotal of Track 4</b> \$_____
<b>Non Resident Fee</b>	<b>Non Resident Fee</b>	<b>Non Resident Fee</b>	<b>Non Resident Fee</b>
<b>\$10 x # of weeks</b> \$_____	<b>\$10 x # of weeks</b> \$_____	<b>\$10 x # of weeks</b> \$_____	<b>\$10 x # of weeks</b> \$_____
<b>TOTAL TRACK 1</b> \$_____	<b>TOTAL TRACK 2</b> \$_____	<b>TOTAL TRACK 3</b> \$_____	<b>TOTAL TRACK 4</b> \$_____

*Proceed to Part 2 next page.*

All weekly Track-Out registrations processed on and after February 28, 2011 must be paid at the time of registration.

# 2010 – 2011 Registration Part 2 - Payment Options (Choose A, B or C)

Main Contact Name

Youth Name

Please complete Option A, B, C or D in its entirety.

## OPTION A - FULL PAYMENT WITH REGISTRATION

**You must pay in full if your registration cost is less than \$400 OR if you register after March 1, 2011. You can choose to pay in full at any cost level. Complete the information below:**

☐ Check or Money Order attached (payable to City of Raleigh) ☐ American Express ☐ MasterCard ☐ Visa

Name of Card Holder

Billing Address

City/Zip

Card Number

Expiration Date

Amount Authorized

Signature

## OPTION B - INITIAL DEPOSIT & MONTHLY PAYMENT PLAN USING CREDIT CARD AUTHORIZATION

**If your registration cost is \$400 or more, AND your registration is processed before March 1, 2011 AND you authorize payment by credit card, (American Express, MasterCard or Visa) you can pay a minimum \$25 non-refundable deposit per participant and receive a monthly payment plan. YOU MUST complete both sections, DEPOSIT payment information and PAYMENT PLAN AUTHORIZATION, below:**

DEPOSIT paid by:

☐ American Express ☐ MasterCard ☐ Visa ☐ Check or Money Order attached (payable to the City of Raleigh)

Name of Card Holder

Billing Address

City/Zip

Card Number

Expiration Date

Deposit Authorized

Signature

I hereby authorize City of Raleigh to process my monthly payment against my American Express, MasterCard or Visa. I certify, by signing below, that the information provided is true and correct.

☐ American Express ☐ MasterCard ☐ Visa

Name of Card Holder

Billing Address

City/Zip

Card Number

Expiration Date

Authorize monthly payment as stated on payment plan

Signature

If we are unable to process your payment we will contact you. Resolution on declined payments must be completed within 3 business days to avoid restrictions on your account and/or to continue participation in our programs.

*Continued next page.*

# 2010-2011 Registration Part 2 *continued*

## OPTION C – INITIAL DEPOSIT AND MONTHLY PAYMENT PLAN

### USING ALTERNATIVE PAYMENT METHOD

If you want to request an alternative payment method for your payment plan you must schedule an appointment by calling the Recreation Business Office at 919-996-4800, Option 1. You need to bring your registration forms along with a minimum \$25 non-refundable deposit for each participant at the time of your appointment. Your registration will not be processed until you meet with one of our business associates.

Date Called RBO \_\_\_\_\_

Appointment Date \_\_\_\_\_

Appointment scheduled with \_\_\_\_\_

If the required payment for Option A, B or C is not enclosed with your registration, your registration request WILL NOT be processed. We will try and contact you to obtain payment.



### PAYMENT PLAN AUTHORIZATION

**Payment plans are calculated based on the date the registration is processed. Payment plans start as early as July 1, 2010 and end May 1, 2011.**

- Registrations processed March to June 15, receive an 11 month payment plan.
- Registrations processed June 16 to July 15, receive a 10 month payment plan.
- Registrations processed July 16 to August 15, receive a 9 month payment plan.
- Registrations processed August 16 to September 15, receive an 8 month payment plan.
- Registrations processed September 16 to October 15, receive a 7 month payment plan.
- Registrations processed October 16 to November 15, receive a 6 month payment plan.
- Registrations processed November 16 to December 15, receive a 5 month payment plan.
- Registrations processed December 16 to January 15, receive a 4 month payment plan.
- Registrations processed January 16 to February 15, receive a 3 month payment plan.
- Registrations processed February 16 to March 1, receive a 2 month payment plan.

ALL REGISTRATIONS COMPLETED AFTER MARCH 1, 2011 must be paid in full at the time of registration.

The payment plan will be mailed to the main contact person and card holder in advance of your first payment.

Please refer to our School Based Program Policies, pages 17 – 19 for more payment, refund and withdrawal information.

### OPTION D – FINANCIAL ASSISTANCE

Raleigh Parks and Recreation recognizes that some participants may need financial assistance to have the opportunity to participate in our programs. Financial assistance is available for our Year Round Track Out, Before School and After School programs. Funds are limited. For more information about eligibility and additional forms that need to be completed with registration, please call 919-996-4800, Option 1.

*Proceed to Part 3 next page.*

# 2010 – 2011 Registration Part 3 - Participant Information

Last Name	First Name	Preferred Name		
Address				
City/State/Zip		Home Phone		
Is this a new address? <input type="radio"/> Yes <input type="radio"/> No	Date of Birth	Age	Grade (2010–2011)	Gender
School				
If year-round school, provide Track #				
Insurance Carrier & Policy #				
Name of Child's Doctor, Phone Number & Address				
Name of Child's Dentist, Phone Number & Address				
Hospital Preference				

## Parent/Guardian Information (please indicate person who is the main contact)

<input type="radio"/> Mother/Guardian	Last Name	First Name		
Home #	Work#	ext.	Mobile #	Pager/Other#
Address				
City/State/Zip				
Employer			Email address	
<input type="radio"/> Father/Guardian	Last Name	First Name		
Home #	Work#	ext.	Mobile #	Pager/Other#
Address				
City/State/Zip				
Employer			Email address	

## Emergency Contact (Other Than Parent/Guardian)

Name	Relationship to child			
Home #	Work#	ext.	Mobile #	Pager/Other#

## Release Authorization

Please list additional names other than the parent/guardian's listed above, 16 years or older, that are allowed to pick up your child(ren). They will be required to show a picture ID. Please print all names.

1. Name	Relationship to child			
Home #	Work#	ext.	Mobile #	Pager/Other#
2. Name	Relationship to child			
Home #	Work#	ext.	Mobile #	Pager/Other#

# Registration Part 3 *continued*

## Health Information

The Raleigh Parks and Recreation Department welcomes the participation of all individuals in our programs, including those with disabilities. We are fully committed to complying with the ADA and providing reasonable accommodations to facilitate participation in our programs. The sooner we know about your special situation, the more time we have to make reasonable accommodations to improve a participant's recreation experience with us. **To aid staff in making accommodations, registration should be received two weeks prior to the start of a program.**

**Special Medical Circumstances:** (i.e. cancer, physical disabilities, blindness, deafness or diabetes.) The City of Raleigh recommends that parents or guardians consult their participant's pediatrician or health care professionals to assess their participant's fitness to take part in our camps. It is required that parents or guardians provide in writing any additional instructions for their participant. The written instruction should be developed with the assistance of their participant's pediatrician or health care professional. This information should include the specific medical circumstance and requirement needs for the participant.

**Please answer yes or no to ALL items. Please use space below to provide additional details on boxes checked Yes.**

yes <input type="checkbox"/> no <input type="checkbox"/> Autism / Asperger's	yes <input type="checkbox"/> no <input type="checkbox"/> ADHD / ADD	yes <input type="checkbox"/> no <input type="checkbox"/> Immunizations up to date
yes <input type="checkbox"/> no <input type="checkbox"/> Emotional / Behavioral Problem	yes <input type="checkbox"/> no <input type="checkbox"/> Asthma	yes <input type="checkbox"/> no <input type="checkbox"/> Back / Joint Problems
yes <input type="checkbox"/> no <input type="checkbox"/> Diabetes	yes <input type="checkbox"/> no <input type="checkbox"/> Contagious Disease	yes <input type="checkbox"/> no <input type="checkbox"/> Hearing Loss
yes <input type="checkbox"/> no <input type="checkbox"/> Down Syndrome	yes <input type="checkbox"/> no <input type="checkbox"/> Fainting	yes <input type="checkbox"/> no <input type="checkbox"/> Major Surgery / Illness
yes <input type="checkbox"/> no <input type="checkbox"/> Impaired Motor Activity	yes <input type="checkbox"/> no <input type="checkbox"/> Heat Stroke / Exhaustion	yes <input type="checkbox"/> no <input type="checkbox"/> Motion Sickness
yes <input type="checkbox"/> no <input type="checkbox"/> Seizures / Epilepsy	yes <input type="checkbox"/> no <input type="checkbox"/> Dietary Restrictions:	yes <input type="checkbox"/> no <input type="checkbox"/> Sprain / Fracture / Dislocation
yes <input type="checkbox"/> no <input type="checkbox"/> Allergies* <b>please see below</b>		yes <input type="checkbox"/> no <input type="checkbox"/> Vision Loss: Eyeglasses/Contacts

Allergy Type(s):

Instructions if participant has an allergic reaction:

**Please give detailed information for anything checked yes above, activity restrictions or any other special circumstances (use additional pages if necessary):**

## Medical Information

Please list any medication the participant is currently taking (including inhalers for asthma):

**\*\*If medications need to be administered during program hours, please refer to the Medication/Medical Treatment statement.**

Additional forms will be required.

☐ Pictures or video may be taken of participants for use in program publicity. Please check if you do not concur.

Would you like to make a donation to support a Child's participation in Raleigh Parks and Recreation Programs ☐ YES ☐ NO

If yes, amount \$

I understand that the City of Raleigh provides no insurance coverage for the participants. By signing below I agree that I have read, understand, and agree to the City of Raleigh Parks and Recreation School Based Programs Policies on pages 17– 19. By signing below I understand I am waiving my legal rights. Also by signing below, I am acknowledging that my participant is physically capable of participating in program activities and the information that I have provided on the Participant Information Form is correct. **Signature is required to complete the registration process.**

Participant Name

Parent/Guardian Signature

Date